

Action Date	All Retirements	Action Date	Disability
 	Age Retirement - ltr to employees (60 days notice)	 	SF-2801-D, Request for Medical Records (Hospital)
6-9-78	SF-2801 (Application signed)	6-6-78	SF-2801-B
8-15-78	Memo to Dept advising of employee's application	6-9-78	Private Dr.'s Statement
8-15-78	ERS-9 to Payroll for Preliminary 2806&2807	6-9-78	ltr to employee advising of physical exam (if not working)
8-24-78	2801, 1084, Prelim 2806/2807 & Comp to CSC	6-12-78	ltr to FedMedO w/CSC 3178 after receipt of 2801-B
11-16-78	Retirement Certificate (11 yrs 3 ms)	8-11-78	SF-71, Application for Leave
11-17-78	SF-56 w/ey SF-54 (if any)	8-22-78	Talked with Empl. Dept about possible placement
11-17-78	SF-2810	8-15-78	SF-2801-A, Superior Officer's Statement
11-22-78	SF-56 (w/54), 2801, 1084, 2810/2809(s) to Payroll	8-21-78	SF-2801-C to MedO Atlanta w/encls (ey to CSC)
		11-16-78	Approval of Disability rec'd
		11-16-78	ERS-7, Notice of Approval

Approx Annuity: 494.59 SA 2720
Survivor Ann Ded: 2696
H B Ins Ded: 5387
Opt Ins Prem Ded: 628
40748

TYPE OF RETIREMENT
 Optional Disability
 Mandatory (Date: _____)

REGUL: YES NO CONT. Digab
Reg. or 12yrs service
Opt. enrolled
since first opportunity or for 12 years preceding retirement

Survivor Annuity Life Annuity
Civ Serv: 8-10-17 Serv Comp: 8-14-67
Military: 1-10-17 BIRTH Date: 5-3-31
Age 47

NEW LAW BENEFITS: YES NO
If "YES" continuation based on:
 Disability OR 12 yrs service
 Enrolled from on or before 31 Dec 64; since first opportunity; or for 5 years preceding retirement

Date last worked: 5-14-78 '63
Sick leave began: 5-17-78
Sick leave used past 2 yrs. (days): 83
Sick and excess leave expires: _____
All leave expires: 7-3-78 at 1200
ERS 5 to Empl: 11-16-78

CO# 7686773 EC# 102
Supervisor: _____
Phone: _____

REMARKS: CSA 2162366
SF2806 & 7 not rec'd - Assume mailed to CSC

PERSONAL INFORMATION
Name: Swenson Joseph Lee Pay No. 2384-12396 CO# 242-40-6047
Home Address & Phone No. 7436711 Leave; Pay period ending: 6-3-78
Route 1 Box 116, Mayville NC 28555 Sick: 4 Annual 148 Ceiling: 240
Job Title - date entered - Department: Swage Disposal Plant Operator SEPARATION DATE: 11-16-78
9 years 7-1-69 DATE PREPARED: 6-6-78
no thelo

*Mrs. Fountain
632-5540*

11-11-78
11-11-78

Final check

1168.20 - 12.00
11.77 net
7.25
3.75 148
3.00 hand
50 Division
CB

1213.2

CIVIL SERVICE RETIREMENT SYSTEM

OCTOBER 20, 1979

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Typewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) SWINSON Joseph Lee			2. LIST ALL OTHER NAMES YOU HAVE USED none		
3. ADDRESS (Including ZIP code) Route 1, Box 416 Maysville, N. C. 28555			4. PHONE NUMBER (Including Area Code) 919-743-6711	5. DATE OF BIRTH (Month) (Day) (Year) 05-03-31	6. SOCIAL SECURITY ACCOUNT NUMBER 242 40 6047
8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
WIFE'S OR HUSBAND'S NAME (First) (Middle) Katie Mae	HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 10 11 31	HER (OR HIS) SOCIAL SECURITY ACCOUNT NUMBER 246-48-0594	DATE OF MARRIAGE (Month) (Day) (Year) 03 13 50	PLACE OF MARRIAGE (City) (State) New Bern, NC	MARRIAGE PERFORMED BY: <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last) Brenda Lee Swinson		DATE OF BIRTH (Mo.) (Day) (Yr.) 05-15-64		CHILD'S NAME (First) (Middle) (Last) Matthew Lee Swinson	
		04-26-67			

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE Department of the Navy, Marine Corps Base Camp Lejeune, N. C. 28542		2. DATE OF FINAL SEPARATION (Month) (Day) (Year)		3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 9 MILITARY 2	
		4. TITLE OF LAST POSITION Sewage Disposal Plant Operator			
5. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER 7686773 ENROLLMENT CODE NUMBER 1 0 2		
3. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.					
BRANCH OF SERVICE U. S. Army	SERIAL NUMBER 53235771	DATE OF ENTRANCE ON ACTIVE DUTY 07-06-54	DATE OF SEPARATION FROM ACTIVE DUTY 05-22-56	LAST GRADE OR RANK PFC	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.) Ft. Jackson, SC
		SSN 242-40-6047			
A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (Retired pay does not include V.A. pension or compensation.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES <input type="checkbox"/> NO			

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED.
Since I broke my hip several months ago, I have not been able to work. I am having a problem with the joint not properly healing, and I will be unable to work for an indefinite time.

D. OTHER CLAIM INFORMATION

A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year)
A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input type="checkbox"/> DEPOSIT OR REDEPOSIT <input type="checkbox"/> REFUND <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CLAIM NUMBER(S)
3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3B. IF "YES" GIVE YOUR ACCOUNT NUMBER B
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM

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